


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A26783</b> 1. Entity Name NORBOURNE ESTATES LTD.	
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Principal Place of Business P.O. BOX 99564 LOUISVILLE, KY 40269-0564	Mailing Address P.O. BOX 99564 LOUISVILLE, KY 40269-0564
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02052008 No Chg-LP

CR2E003 (12/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3011812	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SILBERMANN, GALE ESQUIRE 1150 CLEVELAND ST., SUITE 300 CLEARWATER, FL 33755
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	FULKERSON, T J
STREET ADDRESS	9232 W ARAGON DRIVE
CITY-ST-ZIP	SHREVEPORT, LA 71129
DOCUMENT #	
NAME	NELSON, STEVE W
STREET ADDRESS	2509 PLANTSIDE DR.
CITY-ST-ZIP	LOUISVILLE, KY 40299
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000838823  
03/05/08-80046-009 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Arthur Dobson, Manager Agent 2/12/08 502-499-9915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #